

Document 110-2 Filed 07/13/2004 Page 1 of 2

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse 	A. Signature X. K. M. M. S. D. D. Addressee	☐ Agent ☐ Addressee
so that we can return the card to you. Attach this card to the back of the mailplece, or on the front if space permits.	B. Beceived by (Printed Name) C. De (N. S. D. O.) (N. S. C. D.)	C. Date of Delivery
1. Article Addressed to:	 B delivery address different from item 1? If YES, enter delivery address below: 	(2 2 0
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2. Article Number 7001 2510 0008 6348	1948 6724	TSB
PS Form 3811, August 2001 Domestic Return Receipt		102595-02-M-1540
	O.	Do